

State Kentucky

Attachment 3.1-C

STANDARDS AND METHODS OF ASSURING HIGH QUALITY CARE

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I. Standards designed to assure high quality care are described as follows:

Standards governing the provision of provider services have been established for each provider group covered under the Program. The established standards have been reviewed and evaluated and in part developed by the respective health professional groups and subsequently recommended by the Technical Advisory Committees and the Advisory Council for Medical Assistance. The following basic standards apply to all providers who participate in the Program:

- A. Vendor licensure
- B. Vendor participation authorization
- C. Vendor claim certification

In addition to these basic standards, specific standards have been developed for the providers of the various levels of institutional care to assure that the care and services rendered to patients is in accordance with the health and medical care needs of the patients.

Standards have also been established for providers of non-institutional services such as home health agencies, independent laboratories, community mental health centers, pharmacies, screening clinics, family planning clinics and ambulance transportation services. These standards cover such elements as administration, staffing/treatment plans, and fiscal plan.

Individual providers of health and medical care service, such as physicians, dentists, optometrists, ophthalmic dispensers, audiologists, and hearing aid dealers are required to meet the respective acceptable standards of health and medical practice within the community.

II. Methods of assuring high quality care are described as follows:

- A. Systematic surveillance of services rendered
 - 1. Development of comprehensive utilization review programs for each service element of the Program.
 - 2. Periodic review of the kinds, amounts and durations of medical care received by all Program recipients
 - 3. Periodic review of the medical practices of all individuals, practitioners, agencies and institutions

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4. On-site visits to evaluate the kinds of medical care provided to Program recipients
 5. Involvement of health care and medical professionals in the review and analysis of exceptions within the system.
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- B. Identification of recipients who inappropriately utilize the pharmacy and physician benefits of the Program. Through an intensified patient education program and pre-selection of providers by these recipients, an effort is made to improve the utilization patterns of these recipients.
 - C. On-site visits to medical institutions by a medical review team to evaluate the care and services provided to Program recipients. These teams are composed of at least a physician, a nurse, and a social worker.
 - D. Methods exist that assure that direct service workers and their supervisors are knowledgeable about health problems and ways to assist people to secure medical and remedial care and services.
 - E. Close scrutiny of all provider claim forms is performed by paramedical personnel and medical professionals to assure that the service rendered was in accordance with accepted norms of practice for the specific condition indicated.
 - F. The Program requires that providers of service be in compliance with established standards as a prerequisite to enrollment as a provider under the Program. Continuous compliance with established Program standards is determined through a process of periodic on-site surveys and evaluations of facilities and services.